					٧	WATER WELL PLU	GGING REG	CORD	Form WW	/C-5P	KSA 82	a-1212 ID N	10		
1	LOCATION OF WATER WELL:					Fraction	mi i i	Section Number			Townshi	p Number	Range Number		
Col	County: PRATT					14 SW45U	15			28			. E(W		
	tance and c	lirection f	rom near			y street address of	well if locate	ed within c	ity?		,				
4	7 EA	3T 0	FF	RATI		3 South	1/2 N	lest	on	SE	30 S	T Nov	th sid	e,	
2				5644.7.544		ThomAS									
	RR #, St City, Stat	Address e, ZIP Co	s, Box #: ode :	60. Pr	478	3 58 30 T, KS 6	1124	App	olication N	lumber:	Division o	f Water Resourc	ces		
3			OCATIO	N WITH		4 DEPTH OF V	VELL	119	Address of the Control						
	NW		N	<u> </u>		WELL WAS U		5 Publ	ic Water S	Supply		9 Dewateri	ing		
w					E	2 Irriga 3 Feed 4 Indus	lot	7 Dom	ield Wate estic (Law Conditionin	vn & Gar		10 Monitorir 11 Injection 12 Other			
SW SE Was a chemical / bacteriological sample submitted to Department? Yes											NoX				
1	ب النسخت عدد النسخيان	S	<u>/ </u>		1	Water Well Disinf	ected: Yes	N	10						
5	TYPE C	F BLANI	K CASIN	G USED									* · · · · · · · · · · · · · · · · · · ·		
	1 Stee 2 PVC		RMP (SI ABS		Wrou Asbe	ught estos-Cement	7 Fiberglas 8 Concrete		Other (Spe	-	ow)				
	Blank o Casing	asing dia height al	ameter bove or	S i elow lan	n. d surf	Was casing ace	pulled?	Yes		No 🎊	0	If yes, how mu	ich		
6		PLUG N	ЛАТЕRIA vals:			at cement 2 C 2.9 ft. to	ement grout	Communication of the Communica	entonite f	er .		ft., From			
	What is	the near	est sourc	e of pos	sible c	contamination:									
	2 Se 3 W 4 La 5 Ce	teral line ess pool	s sewer lin s			6 Seepage pit 7 Pit privy 8 Sewage lago 9 Feedyard 10 Livestock pe		12 Fe 13 Ins 14 Ab	el storage rtilizer sto secticide s andoned v well/Gas	rage torage water we)	16 Other (spe	ecify below)		
	Direction	on from w	vell?	99	9		How many fe	eet? .?. ;	99	*********					
	FROM	ТО				GGING MATERIAL									
	119	_4	·	Hol	9	Plug Be	stonit	<u>e</u>							
			1	tydr	At	Plug Be	Horin	e							

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of Local Section (mo/day/year) by (signature)

INSTRUCTIONS: Use typewriter or ball point pen: Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.